

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2205
33

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

5 OF DEATH AND 33 RESIDENCE X -	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY IN THIS TOWN <u>23</u> IN ARIZONA <u>13</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
	C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Safford</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
CEDENT 1 PERSONAL 76 DATA 7 554	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>DAYID</u> B. (MIDDLE) C. (LAST) <u>FELSHAW</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
	6B. NAME OF SPOUSE <u>Clarissa Felshaw</u>		7. DATE OF BIRTH MONTH <u>4</u> DAY <u>19</u> YEAR <u>79</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>76</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Cattle Rancher</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Cattle</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. <u>527-14-0233</u>	
	14A. FATHER'S NAME <u>John Felshaw</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	15A. MOTHER'S MAIDEN NAME <u>Frances Proft.</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		
	16. INFORMANT'S SIGNATURE <u>E. Duane Felshaw</u>		ADDRESS <u>758 W. Poolchild Henderson Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 12 - 54</u>	

CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>Heart</u> <small>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.</small> PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>acute coronary occlusion</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

RATIONS UTOPSY EATH UE TO TERNAL OLENCE EDICAL CORONER'S FICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4/10/54</u> 19 <u>54</u> TO <u>5/13</u> 19 <u>54</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>5/13</u> 19 <u>54</u> AND THAT DEATH OCCURRED AT <u>430 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE (DEGREE OR TITLE) <u>Lt. Nelson M. R.</u>			
	23B. ADDRESS <u>Safford Ariz</u>			
	23C. DATE SIGNED <u>5/14/54</u>			
NERAL ECTOR AND ISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>May 15 - 54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pima</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>
	25A. DATE REC'D BY LOCAL REG. <u>May 14 1954</u>	25B. REGISTRAR'S SIGNATURE <u>D. M. Shaffner</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>
	27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>		ADDRESS <u>Safford</u>	
	CERT. NO. <u>116</u>			